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Application Number Filing Date MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Applican((s) Substitute for Form PTO-1360 (For use with Form PTO/88/08) * May be used for additional claims or amendments CLAIMS AFTER FIRST AFTER SECOND -/2 -0 C ep | Depend AMENDMENT. AMENDMENT thdep Indep Depend Indep Depend Indep Indep Depend -52 .63 54 55 56 59 60 61 64 65 16 66 67 68 69 2 21 22 72 23 24 73 74 75 76 27 77 78 79 80 31 81 82 83 65 36 37 87 38 88 39 69 40 90 81 82 43 93 44 94 45 95 86 97 48 88 49 99 50 100 Total Total Indep Indep Total Tola Depend Depend Total Claims

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